

## PART B - FEE(S) TRANSMITTAL

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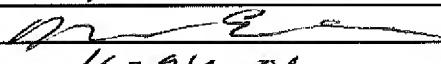
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 Patent Department  
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Marjorie Ellis	(Depositor's name)
	
(Signature)	
11-24-08	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/500,741	07/01/2004	Hubert Baumgart	IN-5798	6895

**TITLE OF INVENTION:** PROCESS FOR PRODUCING MULTICOAT COLOR AND/OR EFFECT PAINT SYSTEMS CURABLE THERMALLY AND WITH ACTINIC RADIATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	12/17/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
FLETCHER III, WILLIAM P	1792	427-508000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1. _____

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
**BASF Coatings AG**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
**Glasuritstr. 1**  
**48165 Munster**  
**Germany**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)
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<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
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5. Change in Entity Status (from status indicated above)	<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature Anne G. Sabourin Date 11-20-08  
 Typed or printed name Anne G. Sabourin Registration No. 33,772

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(Depositor's name)



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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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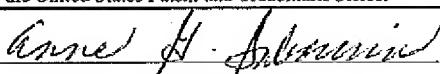
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Authorized Signature \_\_\_\_\_



Date **11-20-08**

Typed or printed name \_\_\_\_\_

**Anne G. Sabourin**

Registration No. **33,772**

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